

**WASTEWATER BYPASS/OVERFLOW REPORT  
TO THE MISSISSIPPI OFFICE OF POLLUTION CONTROL**

- I. PERMITTEE NAME: \_\_\_\_\_
- II. PERMIT NO.: \_\_\_\_\_
- III. Bypass source (i.e., manhole, pump station, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- IV. Source location (i.e., street, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- V. Date/time bypass began (estimate if necessary): \_\_\_\_\_  
\_\_\_\_\_
- VI. Date/time bypass ended (estimate if necessary): \_\_\_\_\_  
\_\_\_\_\_
- VII. Volume of wastewater bypassed (estimate if necessary): \_\_\_\_\_  
\_\_\_\_\_
- VIII. State waters affected (i.e., river, stream, lake, etc.): \_\_\_\_\_  
\_\_\_\_\_
- IX. Cause of bypass: \_\_\_\_\_  
\_\_\_\_\_
- X. Temporary corrective actions taken: \_\_\_\_\_  
\_\_\_\_\_
- XI. Permanent corrective actions taken: \_\_\_\_\_  
\_\_\_\_\_

XII. Number of bypasses at this location in the past 12 months: \_\_\_\_\_

\_\_\_\_\_

XIII. What actions were taken to prevent or minimize adverse environmental impact?

\_\_\_\_\_

\_\_\_\_\_

XIV. If bypass caused due to inflow of rainfall, how many inches of rain fell in the area? \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_